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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/604,974	10/29/2003	Robert O'Kane	001-205

29569  
 JEFFREY FURR  
 253 N. MAIN STREET  
 JOHNSTOWN, OH 43031

CONFIRMATION NO. 1973

## FORMALITIES LETTER



\*OC000000011450703\*

Date Mailed: 12/11/2003

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
  - Numbers, letters, and reference characters on the drawings must measure at least 0.32 cm (1/8 inch) in height. See Figure(s) 1.
  - The drawings submitted to the Office are not electronically reproducible. Drawing sheets must be submitted on paper, which is flexible, strong, white, smooth, non-shiny, and durable (see 37 CFR 1.84(e)). See Figure(s) 1.
- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required.
- A replacement abstract commencing on a separate sheet in compliance with 37 CFR 1.72(b) and 37 CFR 1.121 is required.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$3279 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is \$3279 for a Small Entity

- Total additional claim fee(s) for this application is **\$3279**
  - **\$2838** for **66** independent claims over 3.
  - **\$441** for **49** total claims over 20.

Replies should be mailed to:    Mail Stop Missing Parts  
   Commissioner for Patents  
   P.O. Box 1450  
   Alexandria VA 22313-1450

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*A copy of this notice **MUST** be returned with the reply.*

*Mekonen*

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Initial Patent Examination Division (703) 308-1202

PART 3 - OFFICE COPY



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## WITHDRAWAL NOTICE



\*OC000000011450692\*

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## WITHDRAWAL OF PREVIOUSLY SENT NOTICE

The Notice mailed on 09/23/2003 was sent in error and is hereby withdrawn. A corrected Notice is enclosed. The time period for reply runs from the mail date of the corrected Notice. We apologize for any inconvenience this caused.

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*Melkozen*

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PART 1 - ATTORNEY/APPLICANT COPY



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